



Wisconsin Medicaid and BadgerCare Fact Sheet

Applying for Medicaid in Wisconsin

When you apply for WI Medicaid or BadgerCare you will need to provide certain information. If you want to apply for other programs such as Food Stamps, Child Care and/or W-2, other information may be needed. Ask a county/tribal social or human services department for information on these programs. In some cases, documents will be needed. The following describes the information and documents that will be needed.

INFORMATION NEEDED:

- For **EACH PERSON** applying for WI Medicaid or BadgerCare, the following information must be provided at the time of application:
 1. Social Security Number (SSN).
 2. Date of birth.
 3. Marital status.
 4. Household member's relationship to applicant.
 5. Residence (street address, city).
 6. Citizenship.
 7. Employment (employer's name, street address, and city).
 8. Income (wages and whether income is annual, monthly, or weekly).
 9. Health insurance coverage (name of insurance company, policy number, and who is covered under policy).
- If there is anyone in the household who is not applying for WI Medicaid or BadgerCare, you need to provide each person's name and relationship to others in the home.

DOCUMENTS NEEDED:

- For each person in your household applying for Wisconsin Medicaid or BadgerCare, you need to provide proof of the following:

Proof Needed	Who Needs to Provide	What to Provide
1. Immigration Status	Any person in your household who is applying for WI Medicaid or BadgerCare who is not a U.S. citizen.	A copy of the person's immigration status documentation (alien registration card) issued by the Immigration and Naturalization Service.
2. Pregnancy	Only for pregnant women in your household.	A note from a health care professional verifying the pregnancy.

Proof Needed	Who Needs to Provide	What to Provide
3. Assets	Only for persons applying for WI Medicaid who are over 65 years of age, blind or disabled.	Examples: Bank statements, deeds, contracts, titles, life insurance policies, etc.
4. Disability	Only for a person applying for WI Medicaid who is blind or disabled.	A determination made by the state Disability Determination Bureau.
5. Incapacitation	Only where both parents reside with a minor child(ren), applying for WI Medicaid and neither one meets the unemployed parent requirement.	A note from a health care professional verifying that one of the parents who reside with a minor is unable to work due to an injury.

CAN MY WORKER EVER ASK FOR PROOF FOR ANYTHING ELSE?

An economic support (ES) worker can ask for proof for other information if:

- You appear to be or are unsure of the correct answer, or
- You do not provide the same answers to the same question at different times, or
- The worker sees different information than what you provided when using the computer to confirm the information.

OTHER THINGS YOU SHOULD KNOW:

Providing or applying for a SSN is voluntary; however, any person who wants Wisconsin Medicaid but does not want to provide their SSN or apply for one will not be eligible for benefits.

Your SSN is used to do a computer check of your information with government agencies, such as the Internal Revenue Service, Social Security Administration, and the Department of Workforce Development for income and asset verification and to see if you may be eligible for other programs. In addition, WI Medicaid will match your name and SSN with information provided by health insurance carriers to determine if you have other health insurance.

Information that you provide for this application will remain confidential.

FOR MORE INFORMATION CONTACT:

- Recipient Services at 1-800-362-3002 (TTY and translation services are available).
- The county/tribal social or human services department, W-2 agency, or Medicaid outstation site in your county.

Information provided in this document is general. To find out more detailed information regarding Applying for Medicaid in Wisconsin, please contact your local county/tribal social or human services department.

The Department of Health and Family Services (DHFS) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact 1-608-266-3356 (voice) or 1-608-266-2555 (TTY). All translation services are free of charge.

For civil rights questions call 1-608-266-3465 or 1-608-266-2555 TTY.